

NO. _____

TOWN OF FRAMINGHAM
BOARD OF HEALTH

DATE _____

-

FEE _____

GENERAL APPLICATION

The undersigned hereby applies for a License in accordance with the provisions of the Statues relating thereto.

NAME _____

ADDRESS _____

☐ MESSAGE THERAPIST (\$50.00)
OR ESTABLISHMENT (\$100.00)

☐ BODYPIERCER (\$50.00)
OR ESTABLISHMENT
(100.00)

☐ TANNING FACILITY
(\$100.00)

☐ TATTOO ARTIST (\$50.00)OR
ESTABLISHMENT (\$100.00)

☐ TO KEEP ANIMALS
(\$50.00)

☐ MOTEL (\$50.00)

ADDITIONAL INFORMATION:

APPROVED BY _____

Signature of Applicant _____

DATE APPROVED _____

Telephone Number: _____